

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			1-18-01
FORMALITY REVIEW	MM	5041920	02-05-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/5/01
2	✓	✓	8/2/01
3	✓	✓	12/2/01
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	11/5/01
52	✓	✓	11/24/01
53	✓	✓	
54	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
 staple additional sheet here

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